

SUBJOBBER'S QUARTERLY REPORT OF WISCONSIN TAX-PAID TOBACCO PRODUCTS PURCHASED

Mail your completed report to:
Wisconsin Department of Revenue
Mail Stop 5-107
PO Box 8900
Madison WI 53708-8900
(608) 266-8970

Name (as shown on your permit)			Wisconsin Permit Number TPJ - _ _ _ _ _		Permit Cancellation: <input type="checkbox"/> Cancel my permit effective _____	
dba			Federal Employer ID No. (and social security # if sole proprietor)		Indicate reason for cancellation: <input type="checkbox"/> Discontinued <input type="checkbox"/> Owner deceased <input type="checkbox"/> Incorporated <input type="checkbox"/> Partner added/dropped <input type="checkbox"/> Sold to _____	
Address			Report for Quarter/Year Ending: <input type="checkbox"/> March 31, _____ <input type="checkbox"/> June 30, _____ <input type="checkbox"/> Sept. 30, _____ <input type="checkbox"/> Dec. 31, _____		Check box if: <input type="checkbox"/> Name change <input type="checkbox"/> Address change Advise us in writing when you cease operating or have any change to your name, address or ownership.	
City	State	Zip Code				

Subjobbers may only receive tax-paid tobacco products from persons in Wisconsin holding a tobacco products permit issued by the Wisconsin Department of Revenue. Subjobbers must complete this report on a quarterly basis and file it with the department. The report is due on or before the 15th day of the month following the end of the quarter and must be filed even when you do not have any transactions during a quarter. A \$10 penalty applies to each report that is filed late. Keep a copy of this report in your records for at least 4 years. The invoice price you enter on the schedule below is the purchase price before any discounts are applied. Do NOT include nontobacco products (eg., papers, lighters, pipes) or cigarettes.

Line	Invoice		Purchased From	Wis. Permit No. (TPD or TPJ) Enter 4 digit #	City	Invoice Price	
	Number	Date					
1				_____		\$	
2				_____			
3				_____			
4				_____			
5				_____			
6				_____			
7				_____			
8				_____			
9				_____			
10				_____			
11				_____			
12				_____			
13				_____			
14				_____			
15				_____			
16				_____			
17				_____			
18				_____			
19	Subtotal brought forward from line 56 on the reverse side of this form						
20	TOTAL PRICE OF ALL TAX-PAID TOBACCO PRODUCTS PURCHASED (add lines 1 through 19)					\$	

I declare under penalties of law that I have examined this report and all attachments and to the best of my knowledge and belief, it is true, correct and complete.

Signature of Permittee (or authorized agent)	Preparer's Name (please print or type)	Preparer's Phone Number ()	Date
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If you have questions or need more reporting forms . . .

- Call (608) 266-8970
- Fax (608) 261-7049
- E-mail: excise@dor.state.wi.us

Line	Invoice		Purchased From	Wis. Permit No. (TPD or TPJ) Enter 4 digit #	City	Invoice Price		
	Number	Date						
21				_____		\$		
22				_____				
23				_____				
24				_____				
25				_____				
26				_____				
27				_____				
28				_____				
29				_____				
30				_____				
31				_____				
32				_____				
33				_____				
34				_____				
35				_____				
36				_____				
37				_____				
38				_____				
39				_____				
40				_____				
41				_____				
42				_____				
43				_____				
44				_____				
45				_____				
46				_____				
47				_____				
48				_____				
49				_____				
50				_____				
51				_____				
52				_____				
53				_____				
54				_____				
55	If additional space is necessary to list all your purchases, attach a schedule and enter the subtotal of those purchases on this line.							
56	SUBTOTAL - Add lines 21 through 55. Enter here and on line 19 on the front of this form.						\$	